Doc Code: PET.POA.WDRW
Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)
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10/798,357

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	Patent #: 7,118,276
Filing Date	Issued: October 10, 2006
First Named Inventor	Elyse Clark
Art Unit	3727
Examiner Name	J. F. Pascua
Attorney Docket Number	K8098.0000/P017

To: Commissioner for Patents
       P.O. Box 1450
       Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

[ ] all the practitioners of record;

[ ] the practitioners (with registration numbers) of record listed on the attached paper(s); or

[x] the practitioners of record associated with Customer Number: 24998

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

[ ] 10.40(b)(1)   [ ] 10.40(b)(2)   [ ] 10.40(b)(3)   [ ] 10.40(b)(4)

[ ] 10.40(c)(1)(i)   [ ] 10.40(c)(1)(ii) [ ] 10.40(c)(1)(iii) [ ] 10.40(c)(1)(iv)

[ ] 10.40(c)(1)(v)   [x] 10.40(c)(1)(vi) [ ] 10.40(c)(2)   [ ] 10.40(c)(3)

[ ] 10.40(c)(4)   [ ] 10.40(c)(5)   [ ] 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. [x] I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. [ ] I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. [x] I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:
We have provided the client with a copy of all correspondence to and from the USPTO. As we remain the attorneys of record for this application until this Request is granted, we have maintained our files. Upon grant of this Request, we will immediately send our files to the client. We have informed our client that the files will be forthcoming upon grant of this Request.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B.	[X] Inventor or Assignee Name	Elyse Clark

Address	Kool Wraps, LLC, 3 Glenmor Drive					
City	Newtown	State	CT	Zip	06470	Country USA
Telephone	203-648-3439		Email			

I am authorized to sign on behalf of myself and all withdrawing practitioners.
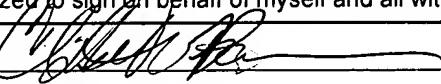
Signature	*(signature)*		
Name	Elizabeth Parsons	Registration No.	52,499

Address	Dickstein Shapiro LLP 1825 Eye Street, NW					
City	Washington	State	DC	Zip	20006-5403	Country US
Telephone	(202) 420-2200		Email			
Date	10/2/08		Telephone No.	(202) 420-2611		

NOTE: Withdrawal is effective when approved rather than when received.